

FEB 22 2007

KRIEG · DEVAULT LLP

ATTORNEYS AT LAW

FAX COVER PAGE

DATE: February 22, 2007

PAGES INCLUDING THIS PAGE: 4

TO: United States Patent and Trademark Office
COMPANY: Examiner Julian W. Woo, Art Unit 3731

FAX NUMBER: 571-273-8300
PHONE NUMBER:

FROM: Brad A. Schepers

DIRECT DIAL: (317) 238-6334

FAX NUMBER: (317) 636-1507

RE: Comments on Statement of Reasons for Allowance for U.S. Patent Application No. 10/644,252 to
Thomas Zdeblick, et al.

COMMENTS: I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at 571-273-8300 on:

February 22, 2007
(Date of Transmission)

Brad A. Schepers
Name of Registered Representative


Signature
Hard copy will be sent via: ☐ Regular Mail☐ Overnight Courier☒ Fax Communication Only

Name of Sender: Brad Schepers

Client Matter No.: 334 MSDI-1

WARNING CONFIDENTIALITY NOTICE

The documents constituting this fax transmittal contain confidential information belonging to the sender which is legally privileged. The information is intended only for the use of the individual(s) or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance upon the content of this fax transmittal is strictly prohibited. If you have received this fax transmittal in error, please immediately notify us by telephone at the number below to arrange for return of the original documents to us. Thank you.

For Questions or Problems in Transmission, Please Contact our Fax Operators

KRIEG DEVAULT LLP
ONE INDIANA SQUARE
SUITE 2800
INDIANAPOLIS, IN 46204
TELEPHONE-(317) 636-4341
FAX-(317) 636-1507

KRIEG DEVAULT LLP
12800 N MERIDIAN STREET
SUITE 300
CARMEL, IN 46032
TELEPHONE-(317) 566-1110
FAX-(317) 636-1507

KRIEG DEVAULT GALVIN
LLP
5231 HOHMAN STREET
HAMMOND, IN 46320
TELEPHONE-(219) 933-0380
FAX-(219) 933-0471

KRIEG DEVAULT LUNDY.
LLP
825 ANTHONY WAYNE
BUILDING
203 EAST BERRY STREET
FT. WAYNE, IN 46802
TELEPHONE-(260) 422-1534
FAX-(260) 423-1590

KD_IM-908968_1.DOC

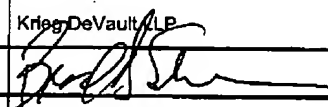
FEB 22 2007

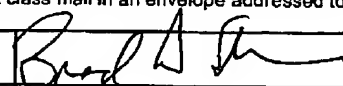
PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM	Application Number	10/644,252	
	Filing Date	August 20, 2003	
	First Named Inventor	Thomas Zdeblick	
	Art Unit	3731	
	Examiner Name	Julian W. Woo	
(to be used for all correspondence after initial filing)		Attorney Docket Number	MSDI-224/PC242.38
Total Number of Pages in This Submission			

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Comments on Statement of Reasons for Allowance
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Krieg DeVault LLP	
Signature		
Printed name	Brad A. Schepers	
Date	February 22, 2007	Reg. No. 45,431

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facs/mile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Brad A. Schepers
Date	February 22, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

FEB 22 2007

Doc.907887

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:)	Before the Examiner
Thomas Zdeblick et al.)	Julian W. Woo
Serial No. 10/644,252)	Group Art Unit 3731
Filed August 20, 2003)	Ref. No. MSDI-224/ PC242.38
INTERBODY FUSION DEVICE AND)	February 22, 2007
METHOD FOR RESTORATION OF)	
NORMAL SPINAL ANATOMY)	

Via Facsimile Transmission: 571-273-8300**COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the communication mailed to the Applicant on February 12, 2007, please enter and consider the following comments regarding the Reasons for Allowance. No extension fees are believed to be due with regard to the filing of this communication. However, please provide any extensions of time necessary and charge any additional fees which may be necessary to Deposit Account No. 12-2424, but not to include any payment of issue fees.

I hereby certify that this correspondence is being
facsimile transmitted to the United States Patent
and Trademark Office at 571-273-8300 on:

February 22, 2007

Date of Transmission

Brad A. Schepers

Name of Registered Representative

Signature

February 22, 2007

Date of Signature